



## Health

Public Health  
4<sup>th</sup> Floor; 300 Carlton Street  
Winnipeg MB R3B 3M9

June 20, 2022

Dear Health Care Provider:

### Re: Monkeypox Update #2

Health authorities globally continue to identify new cases of monkeypox in countries not previously reporting monkeypox. The majority of cases in Canada have been identified in Quebec. Most of the human cases in Canada to date report close, intimate, or sexual contact with other cases, or anonymous partners, and may have other STBBI co-infections. While the virus is not known to be sexually transmitted, close physical contact is known to be a risk factor. Lesions may start at the site of contact (e.g. genital or oral lesions), and present similar to other STBBI's.

Updated information and resources on monkeypox continue to be posted on the Manitoba Health website at [www.gov.mb.ca/health/publichealth/diseases/monkeypox.html](http://www.gov.mb.ca/health/publichealth/diseases/monkeypox.html), including:

- The Communicable Disease Management Protocol for Monkeypox and Quick Reference.
- Link to the National Advisory Committee on Immunization (NACI) Interim Guidance on the use of Imvamune® for monkeypox outbreaks
- Monkeypox Fact sheets

Attached for your reference is a copy of the Monkeypox Protocol Quick Reference.

### Diagnosis

Consider monkeypox when evaluating people with unusual skin lesions, especially those with potential exposures. If monkeypox is suspected, infectious diseases should be consulted for further advice. Refer to the Quick Reference for the Monkeypox Protocol for advice on specimens to send. **Before submitting specimens, notify the CPL physician on call by calling HSC paging at 204-787-2071.** Note that special packaging is required for transport of specimens. Ensure droplet, contact and airborne precautions are used prior to sample collection and when in contact with suspected or confirmed monkeypox cases.

### Management of Cases

Individuals who meet a suspect or probable case definition should be advised by their health care provider to isolate at home until the diagnosis is confirmed, or an alternate diagnosis is made. Public health will follow-up on all confirmed cases. In situations in which the index of suspicion for monkeypox for suspect or probable cases is very high or if a delay in laboratory results is anticipated, public health reporting and follow-up can be initiated pending the results of laboratory testing. In these situations, health care providers can report to the Manitoba Health Surveillance Unit through the clinical notification form:

[www.gov.mb.ca/health/publichealth/cdc/protocol/mhsu\\_0013.pdf](http://www.gov.mb.ca/health/publichealth/cdc/protocol/mhsu_0013.pdf). Most cases are self-limited. Treatment for severe cases requires consultation with an infectious disease specialist.

### Vaccination

Manitoba has received a limited supply of IMVAMUNE®, a live-attenuated non-replicating orthopoxvirus vaccine, from the national emergency stockpile for public health use for **post-**

**exposure prophylaxis of high risk contacts.** Distribution and use of the IMVAMUNE® vaccine will be coordinated by Manitoba public health.

**If an individual has traveled to a jurisdiction with monkeypox cases, has been potentially exposed within the past 14 days, and meets the criteria for IMVAMUNE® in that jurisdiction, they would also be eligible in Manitoba and can access the vaccine through public health.**

Public health officials are continuing to monitor the evolving situation in coordination with the Public Health Agency of Canada. Information on the Manitoba Health website, including vaccine eligibility, will be updated as the situation evolves.

Sincerely,



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Manitoba Chief Provincial Public Health Officer



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Medical Officer of Health  
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